

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/807,277

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		5		1		
7		5		1		
8		5		1		
9		5		1		
10		5		1		
11		5		1		
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16		4		1		
17		4		1		
18		4		1		
19		4		1		
20		4		1		
21	1			1		
22		1	1			
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30	1		1			
31		1		1		
32		2		1		
33		2		1		
34		2		1		
35		2		1		
36		2		1		
37	1		1			
38		2		1		
39		2		1		
40		2		1		
41		2		1		
42		2		1		
43		2		1		
44		①		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54				1		
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	5	←		←
TOTAL CLAIMS			49			
			54			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS